

## Office of Health Care Assurance

## State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Erlinda's</b>	<b>CHAPTER 100.1</b>
<b>Address: 2020 Uhu Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: December 4, 2018 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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9/23/2019 2:08 PM

RECEIVED 8/23/2018 2:01 PM	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> No evidence of an annual physical examination. 1. Household member (HHM) #1 2. Substitute Care giver (SCG) #3</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I obtained an annual physical examination for HHM # 1 and SCG # 3</i></p>	<p><i>YES</i></p> <p><i>12-17-18</i></p>

RECEIVED 12/23/2018 2:04 PM	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> No evidence of an annual physical examination. 1. Household member (HHM) #1 2. Substitute Care giver (SCG) #3</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will log it in my calendar one month before the expiry of the physical examination of SCG #3 and a new (HHM+1) member to obtain P.E. too</i></p>	<p><i>12-17-18</i></p>

RECEIVED 12/23/2018 2:01 PM	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <p>No evidence of tuberculosis (TB) clearance:</p> <ol style="list-style-type: none"> <li>1. Household member (HHM) #1</li> <li>2. Substitute Care giver (SCG) #3</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I obtain a T.B. clearance together with their P.E. with HHM #1 and SCG #3</i></p>	<p><i>YES</i></p> <p><i>12-17-18</i></p>

RECEIVED 9/23/2018 2:01 PM	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <p>No evidence of tuberculosis (TB) clearance:</p> <ol style="list-style-type: none"> <li>1. Household member (HHM) #1</li> <li>2. Substitute Care giver (SCG) #3</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will log it in my calendar one month before the expiry of the T.B. clearance.</i></p>	<p><i>12-17-18</i></p>

RECEIVED 8/23/2019 2:01 PM	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3)</p> <p>The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #4, no first aid certification.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I will obtain a copy of SCG#4 first aid certification as she works in the hospital.</i></p>	<p><i>YES</i></p> <p><i>12-07-18</i></p>

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RECEIVED	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG#2, no documentation for training by the primary care giver (PCG) to make medications available to residents and properly record such action. Repeat deficiency from 2017.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I will train and document SCG # 2 to make prescribed medications available to residents and properly record such actions</i></p>	<p>12-07-18</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #2, no documentation for training by the primary care giver (PCG) to make medications available to residents and properly record such action.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will log it in my calendar two months before my inspection and check sub. training to make prescribed medications available to residents and properly record such actions</i></p>	<p><i>12-07-08</i></p>

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RECEIVED	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b><u>FINDINGS</u></b> Resident #1, <u>no order</u> to make a supplement available. PCG progress note dated 11/14/18, reports, "Wife brings Ensure." One (1) bottle of "Ensure Original" made available daily.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I obtained a doctor's order for Res #1, for the supplement as wife OK to bring and give ensure</i></p>	<p><i>Yes</i></p> <p><i>12-07-18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b>FINDINGS</b> Resident #1, <u>no order</u> to make a supplement available. PCG progress note dated 11/14/18, reports, "Wife brings Ensure." One (1) bottle of "Ensure Original" made available daily.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will check and obtain a doctor's order for Ensure as it is required</i></p>	<p>12-07-18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1, medications were not re-evaluated and orders signed every four months; i.e. 3-6-18 to 9-11-18 is a period of seven (7) months.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>As per Doctor's order she can see Res. #1 in 7 months as client is stable so the 4 months re-evaluation was not done</i></p>	

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RECEIVED	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG #4, documented evidence of eight (8) hours short of twelve (12) hours of continuing education required yearly.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I obtained another 8 hours of continuing education to complete the 12 hours required yearly</i></p>	<p><i>Yes</i></p> <p><i>12-17-18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG #4, documented evidence of eight (8) hours short of twelve (12) hours of continuing education required yearly.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will double check and log it in my calendar one month before my inspection that all 12 hours are completed.</i></p>	<p><i>12-17-18</i></p>

Licensee's/Administrator's Signature: *Erinda*

Print Name: ERLINDA B. ISIDRO

Date: 9-2-2019